

# Circle Telephone and Electric, LLC

P.O. Box 3  
Circle, Alaska 99733  
(907) 773-5500

January 29, 2024

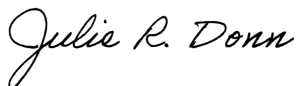
Regulatory Commission of Alaska  
701 West 8<sup>th</sup> Avenue, Suite 300  
Anchorage, Alaska 99501

RE: FCC Form 555, Annual Lifeline Eligible Telecommunications Carrier Certification  
Form compliance filing.

Dear Commissioners:

In compliance with FCC regulation, Circle Telephone & Electric, LLC respectfully submits a copy of CTE's 2023 FCC Form 555 Annual Lifeline Eligible Telecommunications Carrier Certification Form.

Sincerely,



Julie R. Donn  
Accountant

Contact Name: Julie Donn  
Mailing Address: PO Box 3  
Circle, AK 99733  
Phone: 907-671-7775  
Email Address: juliedonn55@gmail.com

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

**Deadline: January 31st (Annually)**

613005	143002688	
Study Area Code (SAC)	Service Provider Identification Number (SPIN)	
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for <b>each SAC</b> that provides Lifeline service).		
2023	AK	Circle Telephone & Electric, LLC
Recertification Year	State	ETC Name
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do <u>not</u> leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do <u>not</u> leave blank)

**Does the reporting company have affiliated ETCs? Yes \_\_\_ No X**

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name
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**Initial Certification** *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial SD

**Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

*Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.*

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from:    state Lifeline administrator ☒ National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial SD

**No Subscribers Certification** *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial

## ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes ☐ No ☒

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

## Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Shawn Devore

Signature of Officer

shawn@circleutilities.com

Email Address of Officer

Julie Donn

Person Completing This Certification Form

Shawn Devore - president

Printed Name and Title of Officer

01-25-2024

Date

9076717775

Contact Phone Number